State Health Coverage Initiatives: Latest Updates

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This session will review developments in four categories of State actions:

- **Medicaid Initiatives**
  - 1115 and Other Waivers

- **ACA Marketplace Initiatives**
  - 1332 Waivers

- **State Legislation**

- **Lawsuits with State Implications**

It will examine four questions:

- What have states been doing?
- Where have they been doing it?
- How has CMS responded?
- What might SORHs be monitoring?
State Decisions Which Can Impact Rural Health Systems

• State level decisions can have significant impact on the rural health system environment.

• This is particularly true given the current status of the Affordable Care Act (ACA). State decisions will likely be more important if there is any modification of the ACA.

• State level decisions have greatest impact in two parts of the market:
  – Direct purchase individual/family health plan market – both on and off exchange.
  – Medicaid markets – both managed care and fee-for-service.

• States have retained powers in these markets as well as potential additional flexibility under Medicaid 1115 waivers and ACA Section 1332 waivers.
These estimates show the Census-estimated changes in US health coverage over the first 4 years of ACA implementation. Note that State policy affects a relatively small portion of the overall market compared to Federal policy. Nevertheless, these impacts have a significant influence on rural health provider sustainability.
Update: State 1115 Medicaid Waivers
New CMS Flexibility and Previous Framework

• CMS has indicated to States that broader types of 1115 waivers will be considered. Approval can be fast-tracked.

• At the same time, language in the Affordable Care Act (ACA) made Section 1115 waivers subject to new rules about transparency, public input, and evaluation.

  – In February 2012, HHS issued new regulations that require public notice and comment periods at the state and federal levels before new Section 1115 waivers and extensions of existing waivers are approved by CMS.
  
  – The ACA also implemented new evaluation requirements for these waivers, including that states must have a publicly available, approved evaluation strategy.

  – States have traditionally been required to submit quarterly reports and must submit an annual report to HHS that describes the changes occurring under the waiver and their impact on access, quality, and outcomes.
A core objective of the Medicaid program is to serve the health and wellness needs of our nation’s vulnerable and low-income individuals and families. In line with this, waiver requests can seek to:

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals;
- Promote efficiencies that ensure Medicaid’s sustainability for beneficiaries over the long term;
- Support coordinated strategies to address certain health determinants that promote upward mobility, greater independence, and improved quality of life among individuals; [*]
- Strengthen beneficiary engagement in their personal healthcare plan, including incentive structures that promote responsible decision-making; [*]
- Enhance alignment between Medicaid policies and commercial health insurance products to facilitate smoother beneficiary transition; [*]
- Advance innovative delivery system and payment models to strengthen provider network capacity and drive greater value for Medicaid.[*]
Recent State Waiver Requests

• States have submitted requests seeking flexibility in several program areas, including:
  – Eligibility Limits
  – Required Benefit Limits
  – Enrollee Premiums and Premium Assistance
  – Eligibility Determination Process
  – Coverage Effective Date

• A guardrail for all requests is budget neutrality - a longstanding component of Section 1115 waiver policy is that waivers must be budget neutral for the Federal government. The Federal government enforces budget neutrality by establishing a cap on federal funds under the waiver, putting the state at risk for any costs beyond the cap.

• A point of contention within certain States is whether a waiver is consistent with the purposes of Medicaid and whether the net effect of a waiver is an inappropriate reduction of enrollees.
Landscape of Approved vs. Pending Section 1115 Medicaid Demonstration Waivers, September 28, 2018

- Medicaid Expansion: Approved 1, Pending 7, Invalidated by court 1
- Eligibility and Enrollment Restrictions: Approved 9, Pending 7
- Work Requirements: Approved 10, Pending 3
- Benefit Restrictions, Copays, Healthy Behaviors: Approved 9, Pending 6
- Behavioral Health: Approved 23, Pending 17
- Delivery System Reform: Approved 16, Pending 5
- MLTSS: Approved 12, Pending 4
- Other Targeted Waivers: Approved 15, Pending 2
Approved and Pending Section 1115 Medicaid Waivers, as of September 28, 2018

Approved 1115 Waivers

- **Work Requirements**: Conditioning eligibility on meeting work requirements.
- **Lockouts**: Coverage lock-outs for failure to timely renew coverage or report changes affecting eligibility.
- **Premiums**: Approval to charge premiums up to 4% of family income.
- **Premium Surcharges**: a premium surcharge for tobacco users.
- **Missed Appointments**: Fees for missed appointments.
- **Retroactive Coverage**: Eliminating retroactive coverage for nearly all Medicaid enrollees, including seniors and people with disabilities.
- **NEMT Benefit Reduction**: Eliminating coverage of non-emergency medical transportation (NEMT).
- **Uncompensated Care Pools**: Permits funding of State pools.
- **IMD Coverage**: Permits coverage of care at Institutions for Mental Disease.
• **Work Requirements Without Expansion**: Conditioning eligibility on meeting work requirements in states without an ACA Medicaid expansion.

• **Coverage Term Limits**: Instituting time limits on coverage after enrollment date – e.g. 3 years before required uncovered period.

• **Drug Screening and Testing**.

• **Required Premium Payment for Traditional Medicaid**: Disenrollment and lock-out for non-payment of premiums for enrollees below 100% FPL.

• **Freedom of Choice on Family Planning Services**: Waiving beneficiary freedom of choice for family planning services.

• **Limiting EPSDT Age Eligibility**: Waiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirement for 19 and 20 year old expansion adults.
Denied and Phased Out 1115 Waivers

- **Limited Expansion Income Limit**: CMS did not approve requests in Arkansas or Massachusetts to limit ACA expansion eligibility to 100% FPL with the enhanced match.

- **Lifetime Coverage Limits**: CMS rejected Kansas’ proposal to impose a lifetime limit on Medicaid benefits for eligible beneficiaries.

- **Closed Formulary**: CMS rejected a provision in Massachusetts’ proposed waiver amendment that requested permission to adopt a closed prescription drug formulary.

- **Delivery System Reform Incentive Payment (DSRIP) Initiative**: Provided states with significant federal funding to support hospitals and other providers in changing how they provide care to Medicaid beneficiaries.
Approved and Pending Section 1115 Medicaid Waivers, as of September 28, 2018

Approved and Pending Section 1115 Medicaid Waivers, as of September 28, 2018

### Approved and Pending Work Requirement Waivers – Covered Populations, Age Exemptions, and Hours Required, as of September 28, 2018

<table>
<thead>
<tr>
<th>State</th>
<th>Expansion Adults</th>
<th>Traditional Adults</th>
<th>Age Exemptions</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>X (parents 0-13% FPL)</td>
<td>60+</td>
<td>35/week (or 20/week for parents/caretakers with a child under age 6)</td>
<td></td>
</tr>
<tr>
<td>AR</td>
<td>X</td>
<td>50+</td>
<td>80/month</td>
<td></td>
</tr>
<tr>
<td>AZ</td>
<td>X</td>
<td>55+</td>
<td>20/week</td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>X</td>
<td>X</td>
<td>60+</td>
<td>Up to 20/week</td>
</tr>
<tr>
<td>KS</td>
<td>X (parents 0-38% FPL)</td>
<td>65+</td>
<td>20-30/week</td>
<td></td>
</tr>
<tr>
<td>KY</td>
<td>X</td>
<td>X</td>
<td>65+</td>
<td>80/month</td>
</tr>
<tr>
<td>ME</td>
<td>X (parents 0-105% FPL)</td>
<td>65+</td>
<td>20/week</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>X</td>
<td>63+</td>
<td>80/month</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>X (parents 0-27% FPL)</td>
<td>65+</td>
<td>20/week</td>
<td></td>
</tr>
<tr>
<td>NH</td>
<td>X</td>
<td>65+</td>
<td>100/month</td>
<td></td>
</tr>
<tr>
<td>OH</td>
<td>X</td>
<td>50+</td>
<td>80/month</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>X (parents 0-50% FPL, residing in Minnehaha or Pennington County)</td>
<td>60+</td>
<td>80/month or achieve monthly milestones in individualized plan</td>
<td></td>
</tr>
<tr>
<td>UT</td>
<td>X</td>
<td>60+</td>
<td>No “hour” requirement; specified job search/training activities required unless working 30/wk</td>
<td></td>
</tr>
<tr>
<td>WI</td>
<td>X (childless adults 0-100% FPL)</td>
<td>50+</td>
<td>80/month</td>
<td></td>
</tr>
</tbody>
</table>
Approved and Pending Section 1115 Medicaid Waivers, as of September 28, 2018

Eligibility and Enrollment Restrictions

- Approved
- Approved & Pending
- Invalidated by court
- Pending
- N/A
### Approved and Pending Eligibility and Enrollment Restrictions, as of September 28, 2018

<table>
<thead>
<tr>
<th>Waiver Provision</th>
<th>Expansion Population Approved: 7 states</th>
<th>Non-Expansion Populations: Approved: 3 states</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premiums &amp; Premium Assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premiums/Monthly Contributions</td>
<td>Approved: AR, AZ, IAi, IN, MI, MT</td>
<td>Approved: IN Pending: ME, WI</td>
</tr>
<tr>
<td></td>
<td>Pending: MI, NM Inactivated by court: KY&lt;</td>
<td>Inactivated by court: KY&lt;</td>
</tr>
<tr>
<td>Disenrollment and Lock-Out for Non-Payment of Premiums</td>
<td>Approved: IN, MT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pending: NM Inactivated by court: KY</td>
<td>Pending: ME, WI*</td>
</tr>
<tr>
<td>Disenrollment (Without Lock-Out) for Non-Payment of Premiums</td>
<td>Approved: AZ, IA</td>
<td>N/A</td>
</tr>
<tr>
<td>Non-Payment of Premiums</td>
<td>Pending: MI</td>
<td></td>
</tr>
<tr>
<td>QHP Premium Assistance</td>
<td>Approved: AR, MI, NHii</td>
<td>N/A</td>
</tr>
<tr>
<td>Tobacco Premium Surcharge</td>
<td>Approved: IN</td>
<td>Approved: IN</td>
</tr>
<tr>
<td><strong>Coverage Effective Date &amp; Time Limits on Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waive Retroactive Eligibility^</td>
<td>Approved: ARiii, IA, IN, NHiv Pending: AZ, NM</td>
<td>Approved: IA, UT*vi Pending: AZ, FL, ME, NM</td>
</tr>
<tr>
<td></td>
<td>Inactivated by court: KY</td>
<td>Inactivated by court: KY</td>
</tr>
<tr>
<td>Waive Reasonable Promptness^+</td>
<td>Approved: IN Pending: NM</td>
<td>Approved: IN Inactivated by court: KY</td>
</tr>
<tr>
<td></td>
<td>Inactivated by court: KY</td>
<td></td>
</tr>
<tr>
<td>Time Limit on Coverage‡</td>
<td>N/Avi</td>
<td>Pending: ME, WI*</td>
</tr>
<tr>
<td>Eliminate Hospital Presumptive Eligibility</td>
<td>N/A</td>
<td>Pending: ME</td>
</tr>
</tbody>
</table>
Approved and Pending Section 1115 Medicaid Waivers, as of September 28, 2018

Benefit Restrictions, Copays, Healthy Behaviors

## Approved and Pending Eligibility and Enrollment Restrictions, as of September 28, 2018

### Eligibility Determinations and Redeterminations

<table>
<thead>
<tr>
<th>Eligibility Determination</th>
<th>Approved: IN</th>
<th>Inactivated by court: KY</th>
<th>Inactivated by court: KY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lock-out for Failure to Timely Renew</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td>Inactivated by court: KY</td>
<td></td>
</tr>
<tr>
<td>Lock-out for Failure to Timely Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes Affecting Eligibility</td>
<td></td>
<td>Inactivated by court: KY</td>
<td></td>
</tr>
<tr>
<td>More Frequent Eligibility Determination</td>
<td>Pending: AZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Screening and Testing</td>
<td>N/A</td>
<td>Pending: WI*</td>
<td></td>
</tr>
<tr>
<td>Asset Test for Poverty-Related Eligibility Pathways</td>
<td>Pending: NH</td>
<td>Pending: ME</td>
<td></td>
</tr>
<tr>
<td>Waive MAGI Financial Methodology</td>
<td>N/A</td>
<td>Pending: TX*</td>
<td></td>
</tr>
<tr>
<td>Additional Citizenship and Residency</td>
<td>Pending: NH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Eligibility Groups

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Pending: NM</th>
<th>Pending: UT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate TMA Coverage Pathway for Parents/Caretakers</td>
<td></td>
<td>Pending: NM</td>
</tr>
<tr>
<td>Limit expansion eligibility to 100% FPL with enhanced match</td>
<td></td>
<td>Pending: UT*</td>
</tr>
<tr>
<td>Authority to cap expansion enrollment</td>
<td></td>
<td>Pending: UT*</td>
</tr>
</tbody>
</table>
## Approved and Pending Benefit, Copay, and Healthy Behavior Provisions, as of September 28, 2018

<table>
<thead>
<tr>
<th>Waiver Provision</th>
<th>Expansion Populations Approved: 5 states Pending: 4 states</th>
<th>Non-Expansion Populations* Approved: 4 states Pending: 6 states</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Behavior Incentives</td>
<td>Approved: AZ, IA, IN, MI, NM Pending: NH, MI</td>
<td>Approved: FL, IN, NM Pending: WI* Invalidated by court: KY&lt;</td>
</tr>
<tr>
<td></td>
<td>Invalidated by court: KY&lt;</td>
<td></td>
</tr>
<tr>
<td>Waive Required Benefits (NEMT)&lt;i&gt;</td>
<td>Approved: IA, IN Invalidated by court: KY ii,iii</td>
<td>Invalidated by court: KY iii</td>
</tr>
<tr>
<td>Copays above statutory limits&lt;iv</td>
<td>Pending: NM</td>
<td>Pending: ME, NM, WI* Invalidated by court: KY v</td>
</tr>
<tr>
<td></td>
<td>Invalidated by court: KY v</td>
<td></td>
</tr>
<tr>
<td>Fees for Missed Appointments</td>
<td>Pending: NM</td>
<td>Pending: NM</td>
</tr>
<tr>
<td></td>
<td>Invalidated by court: KY v</td>
<td>Invalidated by court: KY v</td>
</tr>
<tr>
<td>Waive EPSDT for 19 and 20 year olds&lt;vi</td>
<td>Pending: NM, UT*vii</td>
<td>Approved: UT* vi Pending: NM</td>
</tr>
<tr>
<td>Restriction on Free Choice of Family Planning Provider</td>
<td></td>
<td>Pending: SC vi, TN, TX*</td>
</tr>
</tbody>
</table>

*Approved and Pending Benefit, Copay, and Healthy Behavior Provisions, as of September 28, 2018.
Approved and Pending Section 1115 Medicaid Waivers, as of September 28, 2018

Monitoring the Impact of 1115 Waivers

- What are the stated goals and objectives? What does research or experience in other states show about provisions in the waiver?
- What populations - including rural - are affected by the proposal? What are the anticipated effects on enrollment?
- What is the implementation plan and timeline? What are administrative costs and challenges? What new systems will be necessary to implement the waiver?
- What is the process to receive public input on new waivers, amendments and operational protocols?
- What are the requirements for reporting and evaluation? How often do states need to submit data?
- Will waiver evaluations be timely and adequate? What data and reporting will be available prior to the completion of formal evaluations?
Update: State 1332 Waivers
Affordable Care Act Section 1332 Waivers

• Section 1332 of the Affordable Care Act (ACA) permits a state to apply for a State Innovation Waiver (Section 1332 waiver) to pursue innovative strategies for providing their residents with access to high quality, affordable health coverage.

• CMS solicits waivers that would:
  – lower premiums for consumers,
  – improve market stability, and
  – increase consumer choice.

• States must demonstrate that the waiver will:
  – provide access to quality health care that is at least as comprehensive and affordable as would be provided without the waiver,
  – will provide coverage to at least a comparable number of residents of the state as would be provided coverage without a waiver, and
  – will not increase the Federal deficit.
What Can Be Waived Under 1332 Waivers

• The ACA requirements states may seek to waive using Section 1332 authority include:

  – Individual and employer mandates;
  – Essential health benefits (EHBs);
  – Limits on cost sharing for covered benefits;
  – Metal tiers of coverage;
  – Standards for health insurance marketplaces, including requirements to establish a website, a call center, and a navigator program; and
  – Premium tax credits and cost-sharing reductions.
1332 Waiver Request Requirements

• Any waiver request should document required provisions related to:
  – Public Notice
  – Public Comment
  – Public Hearings, and
  – Tribal Consultation.

• Waiver requests should include:
  – Actuarial analysis and certification of all requirements. This should include all relevant data and planning assumptions.
  – Economic analysis estimating Federal budget impact. This should include all costs, not just ACA related costs.

• Waiver requests should include a description of quarterly/annual reporting plans. These plans should assure detailed reporting of the actual impact of the waiver.
Section 1332 State Innovation Waivers

- Approved
- Request Deemed Incomplete
- Withdrawn
Overview of Current 1332 Waivers

- **Reinsurance Programs**: Partial Federal assistance for State assumption of high risk QHP enrollees. State funding required.
  - **Approved**: AK, ME, MD, MN, NJ, OR, WI
  - Different State approaches to enrollee selection and percent of claims paid.
- **Elimination of Individual Mandate**: Tax reduction bill zeroed out penalty but left requirement in place.
  - **Deemed Incomplete**: OH
- **Expansion of Coverage to Immigrants**: No Federal subsidies would apply.
  - **Withdrawn**: CA
- **Change Subsidy Structure of QHP Marketplace**:
  - **Withdrawn**: IA, OK
- **SHOP Changes**:
  - **Approved**: HI  **Incomplete**: VT
Resource: 1332 State Innovation Waivers for State-Based Reinsurance

Updated September 18, 2018:

7 STATES
have received CMS approval of their 1332 reinsurance waiver proposals: AK, ME, MD, MN, NJ, OR and WI.

NO STATES
have 1332 reinsurance waiver applications awaiting review.

2 STATES
submitted 1332 reinsurance waiver applications that were later withdrawn: IA and OK.

3 STATES
released draft 1332 reinsurance waiver applications but have not yet formally submitted to CMS: ID, LA and NH.
Monitoring the Impact of 1332 Waivers

• What are the stated goals and objectives?
• Are resulting QHPs under the waiver proposal equally comprehensive and affordable? Are at least an equal number of individuals enrolled?
• What populations - including rural - are affected by the proposal? Will it lower premiums for consumers, improve market stability, or increase consumer choice?
• What does research or experience in other states show about provisions in the waiver? Is there adequate actuarial and economic analysis?
• What is the process to receive public input on new waivers, amendments and operational protocols? Was tribal consultation conducted?
• What are the requirements for reporting and evaluation? How often do states need to submit data?
Update: Key State Legislative Efforts
Update - State Legislative Efforts

• Three key areas of State health care coverage initiatives are emerging:
  – **State-required individual mandates/penalties**.
  – **Medicaid buy-in program** as a public option.
  – **State Regulation/Prohibition** of Short-Term Limited Duration Plans.

• Medicaid Buy-In proposals take several forms, with different coverage plans, enrollment eligibility and geographic targets.

• A bill has been introduced in Congress to establish a Federal structure for States seeking to establish a Medicaid buy-in program.

• State regulation of short-term limited duration plans includes several cases of prohibition as well as restriction of term and renewability.
State Health Insurance Mandates passed in 3 states and district: DC, MA, NJ, VT

Several states considering mandates: CA, CT, HI, MD, RI, WA, MN.
States Considering Public Option Medicaid Buy-In

**Legislation Introduced:** CO, CT, IA, MA, MD, MN, MO, NV*, NJ, OK, WA, WY

**Study Legislation Introduced:** DE, NM
States Regulating Short-Term Limited Duration Plans

- States in teal indicate stricter limits than the federal government.
- States in grey indicate they do not have stricter limits than the federal government.

Legend:
- Grey: Does not have stricter limits than federal government
- Teal: Stricter limits than federal government

DC
Lawsuits With State Implications
Several States have filed lawsuits in Federal court seeking to modify the implementation of the Affordable Care Act (ACA).

In addition, several municipalities and patient advocacy groups have filed Federal lawsuits seeking changes that will affect State health coverage policymaking.

Two of the lawsuits seek judicial clarification over the constitutionality of the ACA itself. Depending upon the outcome of these lawsuits, part or all of the ACA might be invalidated.

Two other lawsuits seek to have the current Administration more faithfully execute the provisions of the ACA. The lawsuits allege neglect and malfeasance in the implementation of the statute.

Two final lawsuits challenge decisions by CMS which permit States to place new restrictions on Medicaid enrollment. Final decisions on these cases could reverse currently approved State Medicaid waivers.
Key Lawsuits - 1

- **Case: Texas vs. Azar**
  - **Issue**: A group of 20 Republican governors and attorneys general is seeking to invalidate ACA. They argue that the law no longer can work because Congress last year eliminated a penalty on people who do not have health coverage.
  - **Relief Sought**: Injunction ruling the entire ACA unconstitutional - “Once the heart of the ACA—the individual mandate—is declared unconstitutional, the remainder of the ACA must also fall.”

- **Case: Maryland vs. Sessions, Azar and Rettig**
  - **Issue**: Maryland argues that Congress’ clear intent was not to disturb any ACA provisions other than to zero out the individual mandate penalty beginning in 2019. Maryland alleges, the Trump administration has repeatedly tried to undermine the ACA.
  - **Relief Sought**: Declaration affirming the continuing constitutionality of the Affordable Care Act.
Key Lawsuits - 2

- **Case: Stewart vs. Azar**
  - **Issue**: A group of low-income residents of Kentucky challenged the Trump administration’s move to allow Kentucky to impose work requirements on enrollees in the state Medicaid insurance program.
  - **Relief sought**: Injunction against implementation of work requirements for Medicaid.
  - Parallel lawsuit in Arkansas: *Gresham et al. vs Azar.*

- **Case: Columbus vs. Trump**
  - **Issue**: The city of Columbus, Ohio, and a group of other cities and individuals is suing the president, alleging that he is deliberately undermining the Affordable Care Act, thereby ignoring his constitutional responsibility to enforce the law and subjecting individual Americans to higher healthcare costs.
  - **Relief Sought**: Injunction invalidating several CMS rules and forcing the Administration to reverse a number of steps it has taken over the last two years to weaken the Affordable Care Act.
Case: Association For Community Affiliated Plans et al. vs US

- **Issue**: Coalition of patient advocacy groups seeking to invalidate a CMS rule expanding the availability of Short-Term Limited-Duration (STLD) health plans.
- **Relief Sought**: Injunction stopping enforcement of the STLD health plan rule.
Links – State 1115 Waiver Information

- **Overview**

- **Approved – Table of State Waiver Requests**

- **Pending – Table of State Requests**
  - [http://files.kff.org/attachment/Which-States-Have-Approved-and-Pending-Section-1115-Medicaid-Waivers-Pending](http://files.kff.org/attachment/Which-States-Have-Approved-and-Pending-Section-1115-Medicaid-Waivers-Pending)
Links: State 1332 Waiver Information

- **CMS 1332 Waiver Overview**

- **Overview of 1332 Waivers for State Decisionmakers**

- **1332 Waiver Tracking Site**

- **Reinsurance**
### Links – State Legislative Efforts - 1

**Public Option Medicaid Buy-In: Overview**
- [https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2018/rwjf442774](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2018/rwjf442774)

**Public Option Medicaid Buy-In: Federal Action**
• **State Individual Health Coverage Mandates:**
  
  
  
  – [https://www.flexiblebenefit.com/blog/3-states-now-have-individual-mandate](https://www.flexiblebenefit.com/blog/3-states-now-have-individual-mandate)
  

• **State Regulation of Short-Term Limited Duration Health Plans:**
  
### Texas vs Azar Lawsuit
- [https://www.healthleadersmedia.com/strategy/texas-lawsuit-being-heard-week-could-mean-life-or-death-aca](https://www.healthleadersmedia.com/strategy/texas-lawsuit-being-heard-week-could-mean-life-or-death-aca)

### Maryland vs. Sessions et al. Lawsuit

### Columbus vs. Trump Lawsuit
• Association For Community Affiliated Plans et al. vs US Lawsuit